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MAR 1 9 2004

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12/24/2003

Nath & Associates 1030 Fifteenth Street, N.W. Washington, DC 20005

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| (Depositor's name) |
|--------------------|
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/537,088 | 03/29/2000 | Anil Kumar Dwivedi | 82239 | 7351 |

TITLE OF INVENTION: NOVEL INCLUSION COMPLEES OF A HIGH POTENT OPIOID PEPTIDE, PHARMACEUTICAL COMPOSITIONS AND METHOD OF TREATMENT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 03/24/2004 |
| EXAN | MINER | ART UNIT | CLASS-SUBCLASS |] . | |
| RUSSEL, | JEFFREY E | 1654 | 514-017000 | _ | |

- 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 - ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 - ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Nath & Associates PLLC
- 2 Harold L. Novick
- 3 Joshua B. Goldberg

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

COUNCIL OF SCIENTIFIC & INDUSTRIAL RÉSEARCH

NEW DELHI, INDIA

| Please check the appropriate assignee category or categories (will not be printed on the patent); | | ☐ individual | 🗷 corporation or other private group entity | ☐ government |
|---|--|-------------------------------|--|------------------------|
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | |
| ☑ Issue Fee | ★ A check in the amo | unt of the fee(s) | is enclosed. | |
| ☐ Publication Fee | Payment by credit of | ard. Form PTO- | 2038 is attached. | |
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|--|----------------|--|-----------------|---------------|----------|---------|
| Authorized Signature | a ld | Volla | ada (| Date) | 1 / | , |
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| NOTE; The Issue F | | | | | | |
| other than the appl | | | | | | arty ir |
| interest as shown by | the records of | the United Sta | ites Patent and | d Trademark O | ffice. | - |

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03/22/2004 GUORDOF2 00000040 09537088

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